

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 31

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Academy of Neurology BrainPAC

Full Name (Last, First, Middle Initial)

**A. Dr. Eugene May**

Mailing Address 1919 Fairmount Ave SW

City	State	Zip Code
Seattle	WA	98126-2075

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Seattle Radiologists

Occupation

Neuro-ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	16	/	2015

Transaction ID : 38372804

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Dr. Nancy L. Mueller**

Mailing Address 34 Stonybrook Road

City	State	Zip Code
Tenafly	NJ	07670-1118

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2912.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	16	/	2015

Transaction ID : 38372821

Amount of Each Receipt this Period

416.00

Full Name (Last, First, Middle Initial)

**C. Dr. Michael R. Yochelson**

Mailing Address 3919 Commander Drive

City	State	Zip Code
Hyattsville	MD	20782-1025

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MedStar National Rehabilitation Hospit

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

584.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	16	/	2015

Transaction ID : 38373910

Amount of Each Receipt this Period

84.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00